

Authorization for Electronic Transmission Of AHCCCS Fee-For-Service Remittance Advice

I Hereby request and authorize the AHCCCS Administration to transmit my Fee-For-Service Remittance Advice via the Internet to the electronic mail (email) address listed below. I understand that I will no longer receive a paper copy of my Remittance Advice once I begin receiving my Remittance Advice electronically.

I understand that although my Remittance Advice will be transmitted electronically, my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(es) on file with the AHCCCS Administration Provider Registration Unit.

I understand that it is my responsibility to notify the AHCCCS Administration Provider Registration Unit in writing of any change in my email address.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____ Fax: () _____

Name of Contact Person: _____

Email address: _____

Signature of Provider
Or Authorized Representative: _____

Date: _____

Mail this form to: AHCCCS Provider Registration Unit
MD 8100
701 E. Jefferson St.
Phoenix, AZ 85034

or

Fax this form to: AHCCCS Provider Registration Unit
(602) 256-1474

Please allow 10 working days for implementation of this change.